

<<< IMPORTANT >>>

MEDI-CAL DOES NOT HAVE FULL COPIES OF YOUR MEDICAL RECORDS. IF YOU WANT TO LOOK AT, GET A COPY OF, OR CHANGE YOUR MEDICAL RECORDS, PLEASE CONTACT YOUR DOCTOR, DENTIST, CLINIC, OR HEALTH PLAN. IF YOU ARE IN A MANAGED CARE PLAN, THAT PLAN MAY HAVE INFORMATION ABOUT BILLS PAID FOR YOU AFTER YOU JOINED THE PLAN. PLEASE CONTACT THE MANAGED CARE PLAN TO LOOK AT OR GET A COPY OF THESE BILLS.

HOW DO I ASK ABOUT MY PRIVACY RIGHTS?

If you want to use any of the privacy rights explained in this Notice, please call or write us at:

Privacy Officer
CA Department of Health Services
P.O. Box 997413
MS 0010
Sacramento, CA 95899-7413
(916) 445-4646 or (877) 735-2929 TTY/TDD

HOW DO I COMPLAIN?

If you think that your privacy rights have been violated, you may contact us to file a complaint at the address below or visit our new web site at: www.dhs.ca.gov/privacyoffice

Privacy Officer
CA Department of Health Services
P.O. Box 997413
MS 0010
Sacramento, CA 95899-7413
(916) 445-4646 or (877) 735-2929 TTY/TDD

or

Secretary of the U.S. Department of Health
and Human Services
Office for Civil Rights
Attention: Regional Manager
50 United Nations Plaza, Room 322
San Francisco, CA 94102

(800) 368-1019

No RETALIATION

Medi-Cal cannot take away your health care benefits or retaliate in any way if you file a complaint or use any of the privacy rights in this Notice.

QUESTIONS

If you have any questions about this Notice and want more information, please contact the Privacy Officer at the office or web site addresses listed above.

To get a copy of this notice in other languages, Braille, large print, audiocassette or computer disk, please call or write the Privacy Officer at the number or address listed above.

**California
Department of Health Services**



MEDI-CAL

**NOTICE of
PRIVACY
PRACTICES**

Effective April 14, 2003

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

PLEASE REVIEW IT CAREFULLY.

PRIVACY AND YOU

Your health information is personal and private. The Medi-Cal Program must keep your health information private. We get information about you when you apply for Medi-Cal. Your doctors, dentists, clinics, labs, and hospitals send information to us when they ask us to approve and pay for your health care. We must give you this Notice of the law of how we keep your health information private.

CHANGES TO NOTICE OF PRIVACY PRACTICES

Medi-Cal must obey the rules in this Notice. We have the right to change our privacy practices. If we do make changes, we will send a new Notice right away to all people that get Medi-Cal.

HOW WE MAY USE AND SHARE YOUR INFORMATION

The Medi-Cal program must obey laws on how we use and share your information, such as your name, address, personal facts, the medical care you had, and your medical records. Any information shared must be for a reason related to the administration of the Medi-Cal program. Such reasons include:

- ♦ To approve eligibility and medical and dental benefits
- ♦ To establish ways to pay for health care
- ♦ To approve, provide, and pay for Medi-Cal health care
- ♦ To investigate or prosecute Medi-Cal cases (like fraud)

Information will be disclosed to the Secretary of the U.S. Dept. of Health and Human Services when requested. If you receive mental health or drug and alcohol benefits, or services for the developmentally disabled, or if you have been diagnosed with HIV, there are laws that protect information about you. Medi-Cal will obey these laws.

WHY WE MAY USE OR SHARE YOUR HEALTH INFORMATION

1. **For treatment:** Medi-Cal may need to approve before you see a doctor, dentist, clinic or other health care provider. We will share information with necessary providers to make sure you get the care you need.
2. **For payment:** When Medi-Cal pays your health care bills, we share information with your health care provider and others who bill us for your health care. We may send some bills to other health plans or groups who pay the bills.
3. **For health care operations:** We may use your health records to check the quality of the health care you get. We may also use them in audits, fraud and abuse programs, planning, and managing the Medi-Cal program.
4. **For health notices:** We may send you notices about free health exams, food programs, and other topics.
5. **For legal reasons:** We may give your information to a court, investigator, or lawyer in cases about Medi-Cal. This may be about fraud or abuse, or to get back money from others that should pay your Medi-Cal bills, or other issues related to the Medi-Cal program. If a court orders us to give out your information, we will do so.
6. **For appeals:** You or your health care provider may appeal Medi-Cal decisions made about your health care services. Your health information may be used to decide these appeals.
7. **For eligibility:** We may share your information with federal, state, and local agencies when you apply for Medi-Cal to verify eligibility, and for other purposes related to the administration of the Medi-Cal program. This includes checking with INS on the immigration status of only those persons seeking full scope Medi-Cal benefits. Federal law says the INS cannot use the information for anything else except in cases of fraud.

WRITTEN PERMISSION

Medi-Cal may use or share your information in limited ways. If we want to use your health information in a way not listed above, we must get your permission in writing. If you give permission, you may take it back in writing at any time.

WHAT ARE MY PRIVACY RIGHTS?

You have a right to:

- ♦ Ask us not to use or share your Medi-Cal information in the ways listed above. We may not be able to agree to your request.
 - ♦ Ask us to contact you in writing only, at a different address, post office box, or by telephone only. We will accept reasonable requests if needed for your safety.
 - ♦ Look at and get a copy of your Medi-Cal information. A personal representative who has the legal right to act for you may look at and get it for you. We have information about your Medi-Cal eligibility, your health care bills, and some medical records. To get a copy of your records, ask us to send you a form to fill out. You will need to pay a fee for us to copy and mail the records. We may keep you from seeing parts of your records when allowed by law.
 - ♦ Ask to change information in your records if it is not correct or complete. We may decline to change the information if Medi-Cal did not create or keep it, or if it is already correct and complete. You may request a review of the denial or send a letter to disagree with the denial. This letter will be kept with your Medi-Cal records.
 - ♦ Ask us for information shared about you for reasons other than treatment, payment, or Medi-Cal operations. You may ask for a list of whom we shared your information with, when, why, and what information was shared. The list will start on April 14, 2003.
 - ♦ Ask for a paper copy of this Notice of Privacy Practices. You can also find this Notice on our website at: www.dhs.ca.gov/privacyoffice.
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